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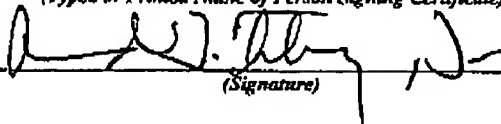
**FACSIMILE
TRANSMITTAL**Date: November 1, 2004To: Examiner Laxton
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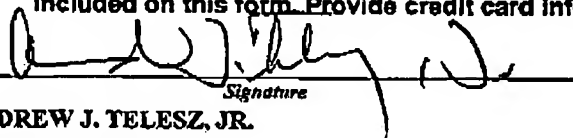
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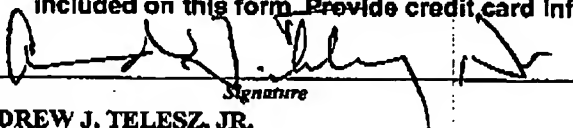
From: Andrew J. Telesz, Jr.Subject: Serial No.: 10/619,585
Our Ref. No.: OKI.290CNo. of Pages (including cover): 10.....
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No. OKI.290C
Applicant(s): Hisatake Sato		
Application No. 10/619,585	Filing Date July 16, 2003	Examiner G. Laxton
		Group Art Unit 2838
Invention: VOLTAGE BOOSTER CIRCUIT AND SEMICONDUCTOR DEVICE FOR INCORPORATING SAME		
<p>I hereby certify that this <u>Amendment Under 37 C.F.R. 1.312</u> <i>(Identify type of correspondence)</i></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>November 1, 2004</u> <i>(Date)</i></p> <div style="text-align: right; margin-top: 100px;"> <p><u>Andrew J. Telesz, Jr.</u> <i>(Typed or Printed Name of Person Signing Certificate)</i></p> <p><u></u> <i>(Signature)</i></p> </div>		
<p>Note: Each paper must have its own certificate of mailing.</p>		

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. OKI.290C	
Applicant(s): Hisatake Sato						
Application No. 10/619,585	Filing Date July 16, 2003	Examiner G. Laxton	Customer No.	Group Art Unit 2838	Confirmation No.	
Invention: VOLTAGE BOOSTER CIRCUIT AND SEMICONDUCTOR DEVICE FOR INCORPORATING SAME						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	7	20	0	x \$18.00	\$0.00	
INDEP. CLAIMS	1	3	0	x \$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0238 <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 ANDREW J. TELESZ, JR. REG. NO. 33,581 VOLENTINE FRANCOS & WHITT, P.L.L.C. ONE FREEDOM SQUARE 11951 FREEDOM DRIVE, SUITE 1260 RESTON, VA 20190 TEL NO. (703) 715-0870			Dated: November 1, 2004 <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <div style="text-align: center;">(Date)</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="text-align: center;">Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-top: 5px;">Typed or Printed Name of Person Mailing Correspondence</div> </div>			
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TOTAL CLAIMS	7 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0238 <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
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